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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/250,410 11/30/2000  
 and claims benefit of 60/250,425 11/30/2000  
 and claims benefit of 60/250,537 11/30/2000  
 and claims benefit of 60/250,573 11/30/2000

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 01/24/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NJ	SHEETS DRAWING 21	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met/after	Verified and Acknowledged Examiner's Signature <i>[Signature]</i> 3/13/2006 Initials			

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## TITLE

Injection systems

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees
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